

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

07 NOV 30 PM 1:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **NO 3000010032**

**1. Corporation Name**

**Committee DERElevement  
de BAS-Limbo, Inc.**

8/24/07 90008 001 61.25  
8/24/07 90008 002 8.75

**2. Principal Office Address - No P.O. Box #**

**1441 N.W. 29TH AVE**

Suite, Apt. #, etc.

**Fort-Lauderdale**

City & State

**Fort-Laud**

Zip

**33311**

Country

**USA**

**3. Mailing Office Address**

**Same**

Suite, Apt. #, etc.

**Office**

City & State

**Florida**

Zip

**---**

Country

**---**

CR2E081 (1/07)

**4. Date Incorporated or Qualified  
To Do Business in Florida**

**5. FEI Number**

**20-0429576**

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED**

☒ \$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

**MORILION FELIX**

Street Address (P.O. Box Number is Not Acceptable)

**460 N.W. 46TH AVE**

Suite, Apt. #, Etc.

**Plantation House**

City

**Plantation**

State

**FL**

Zip Code

**33317**

☒ The reinstatement fee is imposed, except in  
circumstances which the entity did not receive  
the prior notices. By checking this box, you  
are certifying the prior notices were not  
received and requesting the reinstatement  
fee be waived.

**8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.**

Signature of  
Registered Agent

*[Signature]*

REGISTERED AGENT MUST SIGN

Date **11-27-07**

**9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)**

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
President	MORILION FELIX	460 N.W. 46TH AVE	Plantation, FL 33317
Vice President	ALIX PIERRE	755 E. DRAYTON Circle	Fort-Laud, FL 33312
Treasurer	Lucien Dagohe	4901 N.W. 6TH ST	Plantation, FL 33317
Asst. Treasurer	JOSUE PIERRE Treasurer	3452 N.W. 37 AVE	Lauderdale, FL 33309
Secretary	Wilfrid Michel	1324 N.W. 2ND AVE	Fort-Laud, FL 33312
Secret. Atty	Edmond Christostome	4191 N.W. 26TH ST	Lauderdale, FL 33317

**10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.**

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*[Signature]*

**RA**

Date **11-27-07**

Date

Daytime Phone #

**(954) 844-7436**

**604-7436**